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To:

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone

: (305)444-8800

Fax Number

: (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLUE ROCK USA, LLC**

62 Φ

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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ted Liabilly Compa (A Florida Limited	ny as il now appears on our s Lishility Company)	records,)	
The Articles of Organization for this Limited 1 Florida document number £17000002537	Liability Company	were filed on 01/05/2017	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lish	ility company here:		
			.	
the new name must be distinguishable and contain the	words "Limned Liahi	lity Company," the designation	"LLC" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:		2330 Ponce de Leon Blvo	d <u>j ³ f</u>	
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134	接件	
			q.n	
			· (p.	
Enter new mulling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2330 Ponce de Leon Blyo	d has	
		Coral Gables, FL 33134	ře.	
B. If amending the registered agent and registered agent and/or the new registered to Name of New Registered Agent:	office address her			
New Registered Office Address:	2330 Ponce de	Leon Blvd		
	Exser Florido street address			
	Corul Gables	Cas	, Florida 33134 Zin Gode	
New Registered Agent's Signature, if changing	Registered Agent		vig. a rim	
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ed agent and age	ree to act in this capacity	: I further agree to comply with the	

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager ANIBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LANIADO, ISIDORO A	2330 Ponce de Leon Blvd	
			Add
		Coral Gables, FL 33134	
			Remove
			■ Change
MGR	MASRI, JOSE A	2330 Ponce de Leon Blvd	
		Coral Gablex, FL 33134	
		Cual Galiks, 1 E 33134	C Remove
			C Reliable
			B Change
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effective date it listed, the date nutt b	e specific and curnot be prior to date of fili k does not meet the applicable statutus	מושו דאווב ורובט של מבוט פוסווו זו או	g.) Pursuant to 605.020
g; If the date inserted in this block iment's effective date on the Depa	artment of State's records.	y ming requirements, mis oc	e will have be listed a
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ed July 3	gnature of a member or such as a depress	failve of a market	
ed July 3	J	plative of a mount	